

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

04 APR 20 11:10:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000000307

1. Entity Name
 MLCI INVESTMENTS, LTD.



Principal Place of Business
 313 65TH TRAIL NORTH
 WEST PALM BEACH, FL 33413

Mailing Address
 313 65TH TRAIL NORTH
 WEST PALM BEACH, FL 33413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182004 Chg-LP CR2E003 (10/03)

4. FEI Number
 APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



8. Name and Address of Current Registered Agent

LOGAN, MURRAY D
 313 65TH TRAIL NORTH
 WEST PALM BEACH, FL 33413

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$99,000.00

10. Amount of Capital Contributions in FLORIDA to date. 0

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000017783	STREET ADDRESS	U000000119633
NAME	MLCI INVESTMENTS MANAGEMENT, INC.	CITY-ST-ZIP	04/20/04-B0001-003 141.25
STREET ADDRESS	313 65TH TRAIL NORTH		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		
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CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: David Logan 4/9/04 561-686-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

141 25